

IRREVOCABLE PAYROLL DEDUCTION AUTHORIZATION
For Pre-Tax Additional Contributions
To The Indiana State Teachers' Retirement Fund

Member Name : _____ Social Security No. _____

Employer: _____ TRF# _____

I, _____, am a member in active employment covered by the
Indiana State Teachers' Retirement Fund ("TRF") and employed by

_____ ("Employer"). I am entitled under the provisions of IC 5-10.2-3-2(c) to
make contributions to my annuity savings account in addition to the mandatory contribution under IC 5-10.2-3-2(b), and I
desire to make those contributions through payroll deductions. I understand my election period to make these contributions
on a pre-tax basis starts on September 1 following the plan year in which I completed five years of creditable service, and
ends two years later, on August 31st of the second calendar year following the opening of the election period.

I understand that the TRF Board has adopted rules allowing me to direct my Employer to "pick-up" these additional
contributions under the tax deferral provisions of federal Internal Revenue Code Section 414(h)(2) and that tax deferral of my
additional contributions due to TRF requires this irrevocable payroll deduction authorization. I further understand that my
Employer has agreed to participate in the "pick-up" of these additional contributions.

**I hereby direct my Employer to make the following deductions from my salary per pay period for the
purpose of making additional contributions to my annuity savings account and to remit them to the TRF Board:**

**_____ % of my compensation per pay period (must be at least \$15.00, but may not exceed ten percent
(10%) of my compensation), beginning with the pay period immediately after the Employer receives this
authorization form and continuing until I terminate, retire or die.**

With respect to this payroll deduction, I understand the following:

- This is an irrevocable payroll deduction authorization.
- The salary my Employer will use to calculate this contribution is the same as the salary that my Employer is reporting to the TRF Board for purposes of my mandatory contribution and benefit calculations.
- Nothing herein shall prevent me from paying any amount of permissible additional contributions not covered by this irrevocable deduction authorization with after-tax dollars. However, the total amount contributed by me (including any amounts contributed on my behalf, but excluding mandatory contributions) may not exceed ten percent (10%) of my compensation.
- The investment of the additional contributions shall be made in the same manner and percentage as the investment of my mandatory contributions.
- The distribution of the additional contributions shall be made in the same manner as all other distributions from my annuity savings account.
- After the execution of this irrevocable deduction authorization, I do not have the option of receiving the deduction amounts directly instead of having them paid by my Employer to the TRF Board.

- These contributions are being picked-up by my Employer, and, as a result, although designated as employee contributions, they are being paid directly to the TRF Board in lieu of contributions by me.
- While this agreement is in effect, I understand that with respect to the amount of the contributions designated herein, the TRF Board will only accept payment from my Employer and not directly from me.
- When I terminate employment with my Employer or die, this binding, irrevocable payroll deduction authorization shall expire.
- The payroll deduction authorization is not effective until signed by me and an authorized representative of my Employer. The pick-up is only applicable to contributions to the extent the contribution is deducted from compensation earned for services after the effective date of the pick-up.

Complete and sign this authorization form and forward it to ISTRF, 150 West Market St., Suite #300, Indianapolis, IN 46204. The school code and school official's signature need not be completed prior to submitting the authorization form to ISTRF. An ISTRF official will verify your eligibility, sign the authorization, and mail it back to you. Once you receive the verified authorization from ISTRF, submit the form to your employer for processing. (Do not return the *verified* authorization to ISTRF)

1.) Member

Member Signature

Date

2.) TRF

Review and verification by TRF:

Employer resolution on file? Yes_____ No_____

Employee has five years of earned service and is not outside of the 2 year window? Yes_____ No_____

TRF Official

Date

3.) Employer

Authorized Signature

Title

Date